

Case Number:	CM15-0207169		
Date Assigned:	10/23/2015	Date of Injury:	04/01/2010
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old female who sustained an industrial injury on 4-1-2010 and has been treated for carpal tunnel syndrome, brachial neuritis or radiculitis, cervical radiculitis, and sprain of shoulder and upper arm. On 10-6-2015 the injured worker reported continued burning from the neck down both arms, with the left reported as worse. Pain was characterized as throbbing and itchiness between the shoulder blades, and numbness in both arms and her left hand including numbing of the fingers and tips. This is made worse with gripping, cold weather, and some activity including folding clothes. Objective findings include left-sided cervical pain with right rotation, and weak grip. Documented treatment includes a cervical fusion 9-2012, epidural, wrist injections, and she is being treated with Oxycodone-Acetaminophen, Tramadol, and Gabapentin. She has been taking Tramadol and Gabapentin since at least 4-2015. Pain was rated at 8 out of 10 during the visit, and reported to be reduced to 4 out of 10 when taking Tramadol within 30 minutes. The physician noted no aberrant drug taking behaviors, no side effects, and that activities of daily living are improved with the medication. The treating physician's plan of care includes Tramadol HCL 50 mg #50 which was modified on 10-15-2015 to #33; and, Gabapentin 300 mg #90 with 5 refills which was modified to 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol HCL 50mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Tramadol is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing neck discomfort that went into both arms, weak handgrip, and numbness in the arms and left hand. The recorded pain assessments contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. Further, the treatment recommendations included two different short-acting opioid medications, and there was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 50 tablets of tramadol 50mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker. The request is not medically necessary.

Gabapentin 300mg #90 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing neck discomfort that went into both arms, weak handgrip, and numbness in the arms and left hand. While the recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines, these records described findings consistent with neuropathic pain. However, the request was for a large number of refills, which would not account for changes in the worker's care needs. For these reasons, the current request for 90 tablets of gabapentin 300mg with five refills is not medically necessary. A wean would not be necessary as this medication was not yet started, and if it had, in light of the above medical concerns, a rapid taper over a short amount of time would be appropriate. The request is not medically necessary.